Southern Nevada Health District

TO: **SOUTHERN NEVADA DISTRICT BOARD OF HEALTH** **DATE:** **September 24, 2026**

RE: *Approval of the Amendment A01 to Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner*

PETITION #04-27

That the Southern Nevada District Board of Health *approve the Amendment A01 to Interlocal Service Agreement C2600054, between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to collaborate on the abstraction of sudden unexpected infant death (SUID)/sudden death in the young (SDY) data and improve SDY data on febrile seizures and priority fields for entry into the National Fatality Review Case Reporting System (NFR-CRS).*

PETITIONERS:

Cassius Lockett, PhD, *District Health Officer*
Victoria Burris, *Acting Director of Disease Surveillance and Control*
Ying Zhang, PhD, *Epidemiology Manager*

DISCUSSION:

This is an agreement to support abstraction of standardized case-level data from the CCOCME reports on sudden unexpected infant deaths/sudden death in the young and develop routine reports surrounding sudden unexpected infant deaths/sudden death in the young data in Southern Nevada.

FUNDING:

This agreement will provide funding in the amount not to exceed $53,062 to the CCOCME for their collaboration on the SUID/SDY project. This is pass through funding from SNHD supported by federal grant dollars, CDC SUID/SDY Federal Grant# NU58DP007684.

AMENDMEND A01 TO
INTERLOCAL AGREEMENT FOR
PROFESSIONAL SERVICES
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
COUNTY OF CLARK, NEVADA ON BEHALF OF ITS
CLARK COUNTY OFFICE OF THE CORONER/MEDICAL EXAMINER
C2600054

This AMENDMENT A01 IS MADE WITH REFERENCE TO Interlocal Agreement for Professional Services ("Agreement"), Effective Date of September 30, 2025, by and between the Southern Nevada Health District ("Health District") and County of Clark, Nevada on behalf of its Clark County Office of the Coroner/Medical Examiner ("CCOCME") (individually "Party" collectively "Parties").

WHEREAS, the Parties mutually desire to extend the term of the Agreement, and to clarify the budget as previously represented in Attachment B, Payment.

NOW THEREFORE, pursuant to Subsection 1.05 of the Agreement, the Parties mutually agree to amend the Agreement as follows:

1) The first paragraph of Section 1, Term, Termination, and Amendment, is hereby amended to extend the term of the Agreement through September 29, 2027.

2) Section 2, Incorporated Documents, is hereby deleted in its entirety and replaced with the following:

   2. INCORPORATED DOCUMENTS. The Services to be performed to be provided and the consideration therefore are specifically described in the below referenced documents which are listed below and attached hereto and expressly incorporated by reference herein:

      ATTACHMENT A-A01: SCOPE OF WORK
      ATTACHMENT B-A01: PAYMENT
      ATTACHMENT C: ADDITIONAL GRANT INFORMATION AND REQUIREMENTS

3) Subsection 3.01 of the Agreement, is hereby deleted in its entirety and replaced with the following:

   3.01 CCOCME shall complete the Services in a professional and timely manner consistent with the Scope of Work outlined in Attachment A-A01. CCOCME will be reimbursed for expenses incurred as provided in Attachment B-A01: Payment. The total not-to-exceed amount of this Agreement is $53,062. This project is supported

by the federal Grant described on the first page of this Agreement in the amount of $53,062; this accounts for 100% of the total funding of this Agreement.

4) Attachment A, Scope of Work is hereby deleted in its entirety and replaced with Attachment A-A01, which is attached hereto and expressly incorporated by reference herein.

5) Attachment B, Payment is hereby deleted in its entirety and replaced with Attachment B-A01, which is attached hereto and expressly incorporated by reference herein.

Except as expressly provided in this Amendment A01, all the terms and provisions of the Agreement are and will remain in full force and effect and are hereby ratified and confirmed by the Parties.

[SIGNATURE PAGE TO FOLLOW]

BY SIGNING BELOW, the Parties hereto have approved and executed this Amendment A01 to Agreement C2600054.

SOUTHERN NEVADA HEALTH DISTRICT

By: _____
Cassius Lockett, PhD
District Health Officer
Health District UEI: ND67WQ2LD8B1

Date:_____

APPROVED AS TO FORM
This document is approved as to form.
Signature to be affixed after approval by
Southern Nevada District Board of Health.
By: _____
Heather Anderson-Fintak, Esq.
General Counsel

COUNTY OF CLARK, NEVADA
ON BEHALF OF ITS CLARK COUNTY OFFICE OF THE CORONER/MEDICAL EXAMINER

By: _____
Michael Naft, Chairman
Board of County Commissioners
CCOCME UEI: JTQBLLAE9J35

Date:_____

APPROVED AS TO FORM:
STEVEN B. WOLFSON
District Attorney

By: _____
Name:
Title:

ATTACHMENT A-A01
SCOPE OF WORK

A. CCOCME will participate in the following activities from **September 30, 2025 through September 29, 2027** ("Period of Performance"):

A.1 **Goal 3; Component B Supplemental:** Improve Data on Febrile Seizures and Priority Fields for SDY cases

Objective	**Activities**	**Due Date**	**Documentation Needed**
1. Improve completeness of data.	Improve completeness of data in the Case Reporting System ("CRS"), focusing on priority variables and the fields related to febrile seizures.	Ongoing	Data completion improved for entry into NFR-CRS
2. Expand genetic and diagnostic testing to as many SUID/SDY cases as possible.	CCOCME will collect samples genetic and other diagnostic testing for deaths meeting the SUID or SDY case definition. Samples will be sent to known provider for testing.	Monthly	Generic testing reports available for Child Death review and Advanced Death review
3. Collect next-of-kin email addresses for consent purposes.	CCOCME will collect email addresses from next-of-kin when appropriate for consenting.	Ongoing	Email; addresses available for consent

B. Unless express and specific written permission to exclude funding, source information is obtained from Health District in advance, CCOCME will place a version of this attribution statement on project-related materials, reports, presentations, and publications produced within the scope of this Agreement.

> "This publication [such as a journal, article, report] was supported by the Nevada State Department of Health and Human Services ("Department") and the Southern Nevada Health District through Grant Number 5 NU58DP007684-03-00 funded by the Center for Disease Control and Prevention ("CDC"). Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the Department, the Health District, nor the CDC."

B.1 Prepare and submit programmatic reports as requested by Health District.

B.2 Work with Health District staff to ensure proper close out of Period of Performance.

C. CCOCME will participate in the following activities from **September 30, 2025 through September 29, 2026** ("Period of Performance"):

C.1 **Goal 1; Component A:** Abstraction of SUID Deaths as Prescribed by the Centers for Disease Control ("CDC")

Objective	Activities	Due Date	Documentation Needed
1. Ensure all deaths for decedents under 19 years in age continue to be referred to respective Child Death Review Teams.	Send notification of all deaths to the University of Nevada, Las Vegas, Nevada, Institute for Child Research and Policy ("NICRP"). Provide Death Certificate & Investigative Summary to NICRP.	Monthly	Death Certificate Information Sheet Investigative Summary/Report Case record notes
2. Participate in regularly scheduled calls/meetings to discuss SUID/SDY death data, trends, outcomes, and workflow processes.	Attend monthly Child Death Review. Compile reports on data extraction barriers and provide to the Health District's SUID/SDY program coordinator to assist in resolution.	Monthly/Quarterly	Meeting minutes Agendas Medical Examiner Reports

C.2 **Goal 2; Component B:** Abstraction of SDY Deaths as prescribed by the CDC

Objective	Activities	Due Date	Documentation Needed
1. Ensure all SDY deaths for decedents under 19 years in age continue to be referred to Advanced Child Death Review Team.	Provide Death Certificate & Investigative Summary to Health District.	Quarterly	Death Certificate Information Sheet Investigative Summary/Report Case record notes
2. Obtain contact information from the families of SDY decedents.	Contact families regarding consent. Document family history and specific questions as related to unexpected death and heart conditions.	Within 30 days of death	Copy of consent forms
3. Send specimens for genetic testing.	Ensure timely collection and submission for genetic testing.	Within 30 days of consent	Proof of shipment

	Ensure protocol is compliant with the CDC SUID/SDY autopsy requirements. Biospecimens are collected by pathologists.		
4. Participate in regularly scheduled calls/meetings to discuss SUID/SDY death data, trends, outcomes, and workflow processes.	Attend the monthly Child Death Review. Compile reports on data extraction barriers and provide to Health District's SUID/SDY program coordinator to assist in resolution. Work with Health District on possible fellowships for pathologists at the CCOCME Office. Assist with recruitment of specialists for the Advanced Review Team when possible.	Monthly/Quarterly	Meeting minutes Agendas Case record notes

D. Unless express and specific written permission to exclude funding source information is obtained from Health District in advance, CCOCME will place a version of this attribution statement on project-related materials, reports, presentations, and publications produced within the scope of this Agreement.

> "This publication [such as a journal, article, report] was supported by the Nevada State Department of Health and Human Services ("Department") and the Southern Nevada Health District through Grant Number 1 NU58DP007684-02-00 funded by the Center for Disease Control and Prevention ("CDC"). Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the Department, the Health District, nor the CDC."

D.1 Prepare and submit programmatic reports as requested by Health District.

D.2 Work with Health District staff to ensure proper close out of Period of Performance.

ATTACHMENT B-A01
PAYMENT

A. Total Not-to-Exceed amount available for reimbursement to CCOCME of **$14,581** from **September 30, 2025 through September 29, 2027**.

A.1 CCOCME will bill for Services actually provided up to the Not-to-Exceed Amount per Approved Budget Category ("Category") as detailed below. If ten percent or more of the awarded Grant funds are moved from one Category to another Category, prior written Health District approval is required.

Component B - Supplemental:	
Category: Total Personnel	**Budgeted Amount**
Salary	$1,622
Fringe Benefits	$59
Category: Personnel, Subtotal of Budgeted Amount:	**$1,682**
Category: Operating	
28 DNA Genetic Testing Kits X $300/each	$12,899
Category: Operating, Subtotal of Budgeted Amount:	**$12,899**
TOTAL NOT-TO-EXCEED AMOUNT FOR SEPTEMBER 30, 2025 THROUGH SEPTEMBER 29, 2027	**$14,581**

A.2 Payments shall be based on approved CCOCME invoices submitted in accordance with this Agreement. No payments shall be made in excess of the total Not-to-Exceed amount for this Agreement.

A.3 CCOCME will not bill more frequently than monthly for the term of the Agreement. The invoice will itemize specific costs incurred for each allowable item as agreed upon by the Parties.

(a) Backup documentation including, but not limited to invoices, receipts, monthly reports, proof of payments or any other documentation requested by Health District is required, and shall be maintained by CCOCME in accordance with cost principles applicable to this Agreement.

(b) CCOCME invoices shall be signed by CCOCME's official representative, and shall include a statement certifying that the invoice is a true and accurate billing.

(c) CCOCME is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact may subject it to criminal, civil, and/or administrative penalties.

(d) Cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable costs.

A.4 CCOCME may submit its Requests for Reimbursement ("RFR(s)") less often than monthly, provided adequate time is allowed for the Health District to review and process each RFR. In the event CCOCME elects to submit RFRs less often than monthly, it will observe the following specific deadlines when submitting RFRs:

(a) CCOCME's RFR for period September 30, 2026 through June 30, 2027 must be submitted in its entirety to Health District no later than July 10, 2027. CCOCME's failure to timely submit this RFR on or before July 10, 2027 with the inclusion of all expenses incurred before June 30, 2027 may result in non-reimbursement for unincluded expenses.

(b) CCOCME's "Final" RFR for period September 30, 2026 through September 30, 2027 must be submitted to Health District no later than October 15, 2027.

A.5 CCOCME will not be eligible for compensation for Services provided before or after the date range specified in Paragraph A above, unless express written authorization to bill for such Services is received from Health District.

A.6 Health District shall not be liable for interest charges on late payments.

A.7 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held.

B. Total Not-to-Exceed amount available for reimbursement to CCOCME of $38,481 from **September 30, 2025 through September 29, 2026**.

Component A:	
Category: Personnel	**Budgeted Amount**
Salary	$29,120
Fringe Benefits	$1,063
Category: Personnel, Subtotal of Budgeted Amount:	**$30,183**
Category: Operating	
FedEx Expenses for mailing samples	$2,580
Category: Operating, Subtotal of Budgeted Amount:	**$2,580**
TOTAL NOT-TO-EXCEED AMOUNT FOR SEPTEMBER 30, 2025 THROUGH SEPTEMBER 29, 2026	**$32,763**

Component B:	
Category: Personnel	**Budgeted Amount**
Salary	$5,408
Fringe Benefits	$197
Category: Personnel, Subtotal of Budgeted Amount:	**$5,605**
Category: Operating	
FedEx Expenses for mailing samples	$113
Category: Operating, Subtotal of Budgeted Amount:	**$113**
TOTAL NOT-TO-EXCEED AMOUNT FOR SEPTEMBER 30, 2025 THROUGH SEPTEMBER 29, 2026	**$5,718**

B.1 CCOCME will bill for Services actually provided up to the Total Not-to-Exceed Amount per Approved Budget Category ("Category") as detailed below. If ten percent or more of the awarded Grant funds are moved from one Category to another Category, prior written Health District approval is required.

B.2 Payments shall be based on approved CCOCME invoices submitted in accordance with this Agreement. No payments shall be made in excess of the total Not-to-Exceed amount for this Agreement.

B.3 CCOCME will not bill more frequently than monthly for the term of the Agreement. The invoice will itemize specific costs incurred for each allowable item as agreed upon by the Parties.

(a) Backup documentation including, but not limited to invoices, receipts, monthly reports, proof of payments or any other documentation requested by Health District is required, and shall be maintained by CCOCME in accordance with cost principles applicable to this Agreement.

(b) CCOCME invoices shall be signed by CCOCME's official representative, and shall include a statement certifying that the invoice is a true and accurate billing.

(c) CCOCME is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact may subject it to criminal, civil, and/or administrative penalties.

(d) Cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable costs.

B.4 CCOCME may submit its Requests for Reimbursement ("RFR(s)") less often than monthly, provided adequate time is allowed for the Health District to review and process each RFR. In the event CCOCME elects to submit RFRs less often than monthly, it will observe the following specific deadlines when submitting RFRs:

(a) CCOCME's RFR for period September 30, 2025 through June 30, 2026 must be submitted in its entirety to Health District no later than July 10, 2026. CCOCME's failure to timely submit this RFR on or before July 10, 2026 with the inclusion of all expenses incurred before June 30, 2026 may result in non-reimbursement for unincluded expenses.

(b) CCOCME's "Final" RFR for period July 1, 2026 through September 30, 2026 must be submitted to Health District no later than October 15, 2026.

B.5 CCOCME will not be eligible for compensation for Services provided before or after the date range specified in Paragraph B above, unless express written authorization to bill for such Services is received from Health District.

B.6 Health District shall not be liable for interest charges on late payments.

B.7 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held.